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ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN, TYPE SMALL ENTITY FEE DUE DATE DUE 10/06/99 **\$605.00** YES 72869/EVANS 361-516.000 V31 UTILITY 2 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Leydig, Voit & Mayer, Lo Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a ☐ Change of correspondence address (or Change of Correspondence Address form member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. Advance Order - # of Copies (A) NAME OF ASSIGNEE EVANS CAPACITOR CO., INC. 4b. The following factor deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) 12-1216 DEPOSIT ACCOUNT NUMBER _ PROVIDENCE, RHODE ISLAND (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) 🗶 issue Fee ☐ Individual Corporation or other private group entity □ government K Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee, to the application identified above. 88 (Kuthorized Signate

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